

Persistent Non-gonococcal Urethritis (PNGU) and Verified PNGU Contacts Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Clients must meet all of the following criteria to be evaluated for Persistent NGU:

- NGU treatment was completed greater than two weeks in the past with no symptom relief
- client completed the entire NGU treatment course
- client has not been sexually active during or since treatment was completed

Subjective Findings*

Client who presents with history of one or more of the following signs or symptoms two (2) weeks after completing NGU treatment and has not been sexually active:

1. urethral discharge
2. continued dysuria
3. intrameatal itching
4. urethral inflammation
5. perineal, penile or pelvic pain
6. pain during or after ejaculation
7. new onset of premature ejaculation lasting > 3 months

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

The STD ERRN or RN must assess, document and verify at least one of the three findings below before implementing treatment for an asymptomatic contact.

Verified Criteria

Contacts to the original NGU case:

1. client presents with medical evidence (i.e. medication bottle, etc.) of being treated as a contact to the original NGU case within the exposure and treatment timeframe of the original case, or
2. client provides name of sexual partner and public health nurse verifies diagnosis of named sexual partner by calling the medical provider of named partner (index case), or
3. client is referred by a medical provider or Disease Intervention Specialist (DIS)

Note: A STD screening examination is recommended in all of the above scenarios.

Objective Findings

Clinical documentation of number one or two (2) below plus one (1) of objective criterion listed in 3-6 below:

1. Physical exam reveals a urethral discharge, or
2. Client complains on day of examination of dysuria or intrameatal itching and discharge is not present on examination

Recommendation: If the client gives a recent history of dysuria, discharge or urethral exposure within last 60 days, have the client "milk" the penis to obtain a discharge specimen for testing.

PLUS, one of the following laboratory criteria:

3. Gram stain demonstrating ≥ 2 WBC per oil immersion field without the presence of Gram Negative Intracellular Diplococci (GNID), or
4. Microscopic examination of first void or \geq one hour since last voiding urine sediment demonstrates ≥ 10 WBC per high-power field, or
5. Negative Gonorrhea culture or NAAT for a male with visible urethral discharge on date of examination, and a Gram stain continues to be < 2 WBCs and no intracellular diplococci (GNID) were found, or
6. Negative Chlamydia NAAT (if collected), with visible urethral discharge on date of examination, and a Gram stain continues to be < 2 WBCs and no intracellular diplococci (GNID) were found.

Plan of Care

Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for PNGU by standing order for verified contacts or when adequate objective findings listed above are documented in the medical record.

1. If treated with Doxycycline during first NGU treatment treat PNGU with:
 - Azithromycin 1 gm PO in a single dose
2. If treated with Azithromycin during first NGU treatment treat PNGU with:
 - Moxifloxacin 400 mg PO once daily for seven (7) days
3. If treated with Doxycycline during 1st treatment NGU and then Azithromycin during 2nd treatment and then Moxifloxacin for 2nd or 3rd episode of continuous PNGU treat with:
 - Metronidazole 2 gm PO in a single dose if male has sex with females only or the client is a female contact. *(If client is MSM ONLY check with provider regarding treatment option)*
4. If client is **allergic** to any of the medications ordered or if a verified contact is **pregnant** do not administer Doxycycline or Moxifloxacin without a provider consult.
5. If client returns after treatment with Azithromycin, Moxifloxacin and Metronidazole individually (no matter in what order treatment occurred) without symptom relief, without sex since 1st treatment, and all medications completed, the STD ERRN or RN may not treat again
6. Consult with medical director or medical provider for possible referral to urologist or private medical provider

Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
 1. laboratory tests that he/she received
 2. instructions for obtaining laboratory test results
 3. information about the diagnosis
 4. condoms and literature about risk reduction behavior
- B. Advise client to:
 1. return to clinic if vomit within 2 hours or medication is seen in vomitus for re-treatment of a single dose regimen
 2. abstain from sexual intercourse for 7 days after single-dose therapy or until completion of 7 day medication regimen
 3. advise client to abstain from sex until partner(s) have completed their treatment
 4. use condoms and use correctly
 5. disinfect diaphragm with 70% isopropyl (rubbing) alcohol, if this is client's method of birth control
 6. use back-up contraceptive while on medication and for 7 days after completion of medication for female clients who are taking oral contraceptives
 7. notify all original NGU sexual contacts to take proof of original NGU contact treatment to their medical provider or local public health department
 8. learn about the relationship between STDs and HIV acquisition
 9. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
 10. use other disease prevention barrier methods such as dental dams, if applicable
 11. to clean and cover sex toys, if applicable, to decrease transmission of infections
- C. Inform the client about the medication administered:
 1. Azithromycin, or
 2. Doxycycline, or
 3. Metronidazole, or
 4. Moxifloxacin

- D. Counsel the client regarding the prescribed medication:
1. inquire and document the type of reactions the client has experienced in the past when taking the medication
 2. advise client that he/she may experience side effects such as metallic taste, nausea, vomiting, cramps, or diarrhea with administration of Metronidazole
 3. review client history regarding alcohol usage and recommend:
 - delaying the start of treatment until at least 24 hours after last alcoholic beverage, and
 - refraining from alcohol use during treatment with Metronidazole, and
 - refraining from alcohol use for 24 hours after the last dose of Metronidazole
 4. advise breastfeeding clients to discard breast milk while taking **Metronidazole 2 grams** and for 24 hours after completion of Metronidazole
 5. if medication is vomited within two hours after taking oral medication return to the clinic as soon as possible
 6. caution female clients not to get pregnant while taking Doxycycline or Moxifloxacin
 7. reinforce counseling by providing client with an Azithromycin, Metronidazole, Moxifloxacin or Doxycycline medication teaching sheet
- E. Additional Instructions
1. return to clinic if symptoms persist, worsen, or reappear 2 weeks after treatment
 2. return to clinic if client develops abdominal pain, scrotal pain or oral temperature $\geq 101^{\circ}$ F.
- F. Criteria for Notifying the Medical Provider
1. Contact the medical director or medical provider, if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing orders.
 2. **DO NOT ADMINISTER TREATMENT** and consult the medical director or medical provider, if any of the following conditions are present:
 - oral temperature $\geq 101^{\circ}$ F
 - abdominal, adnexal or cervical motion tenderness on examination
 - sustained cervical bleeding or ANY cervical bleeding during pregnant exam
 - scrotal pain or swelling
 3. Client is greater than 60 years of age
- G. Follow up
1. If the client meets criteria for retreatment of persistent NGU a new event does not need to be created in the NC Electronic Disease Surveillance System (NC EDSS). The original event will need to be reopened and additional labs and treatment entered.

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)